

REQUESTED BY: _____

DATE: _____

COUNTY OF WEBB

COUNTY CLERK'S OFFICE
MARGIE RAMIREZ IBARRA, COUNTY CLERK
1110 VICTORIA, SUITE 201
LAREDO, TEXAS 78040

CONTROL NO. _____

DEATH CERTIFICATE APPLICATION

The fee for a search and certified copy of a Death Certificate is \$ 21.00. If more than one certification of the same record is requested at the same time, the fee for the first copy is \$ 21.00 and the fee for each additional copy is \$ 4.00.

The fee is charged regardless of whether a record is found or not. (Texas Health& Safety Code 191.00h)

DECEASED PERSON INFORMATION

1. NAME	2. SEX
(Nombre)	
Given Name(s)	Last Name at Time of Death
2. DATE OF DEATH	
(FECHA)	Month (Mes) Day (Dia) Year (Ano)
3. PLACE OF DEATH	
(Lugar)	City or Town County
4. NAME OF FATHER	
(Padre)	
5. NAME OF MOTHER	
(Madre)	

RELATION TO DECEASED PERSON

6. I AM RELATED TO THE DECEASED AS	
(Parentezco)	
7. MY PURPOSE IN OBTAINING THE COPY IS	
(Proposito de Solicitud)	
8. NUMBER OF CERTIFIED COPIES	FEE \$
<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK #
<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> OTHER

FOR OFFICE USE ONLY

DATE:

VOLUME:

PAGE:

PROCESSED BY:

APPLICANTSIGNATURE:
(Firma)STREET
(Domicilio)CITY / STATE:
(Ciudad, Estado)